



Dear Human Services Committee:

RE: S.B. No. 989 AN ACT CONCERNING NURSING HOMES

My name is Theresa Sanderson and I have been the administrator of West Hartford Health & Rehabilitation Center (WHHRC) in West Hartford, Connecticut, for the past 20 years. WHHRC is a 160-bed skilled nursing facility with sub-acute, dementia and long-term units. This facility has been independently owned by the same owner since 1977. WHHRC employs over 200 dedicated people from the surrounding community. We have unprecedented longevity and loyalty among staff. At the most recent "Years of Service" ceremony celebrating our staff, we had employees honored who have worked here up to 42 years. Unfortunately, we have recently had staff retire that we can not replace.

We are a CMS five-star overall quality facility and the preferred provider for all three large area hospitals. This facility recently acquired American Heart Association Certification.

In addition to devoting my career to long term care administration, I have also achieved the American College of Health Care Administrators (ACHCA) credentials of Certified Nursing Home Administrator (CNHA) and Fellow of ACHCA (FACHCA). I recently received the National Administrators Board (NAB) credential of Health Services Executive (HSE). I currently serve as the National Board Chair of the American College of Health Care Administrators.

During my 30-year career, I have experienced staffing crisis, but nothing like what we are going through post pandemic. Despite being a high-quality home, we have been unable to fill the Registered Nurse Infection Preventionist position since 2020. The salary expected for this position is too high for our independent nursing home to afford. We have recently lost several of our RN/LPN charge nurses to hospitals because the rate of pay is significantly higher than we are able to pay. Any staffing minimum must include help with paying nursing staff a higher rate in order to be competitive with hospitals and agencies.

This competitive market challenges us to be more creative with recruitment. In the past year we have sponsored two certified nurses' aides' classes. We hire uncertified staff and pay them an hourly rate to take the course. We also pay for the course. This has helped slightly but is prohibitively expensive.

The replacement agency/pool contracts are two or three times the hourly rate of a staff nurse. This is impossible to maintain. The agencies for temporary staff have taken advantage of the staffing crisis and continue to push their hourly rates even higher. Any long-term use of them agencies will put us out of business.

If you do require a staffing minimum there are more than "nurses" that perform critical care for our residents. Our social services routinely pass trays for meals, assist with answering call lights, and other necessary tasks. The physical and occupational therapy team performs activities of daily living (ADL) for our residents which include washing, dressing, transfers and grooming. They should absolutely be counted toward a staffing minimum requirement. The nursing management team, although they spend

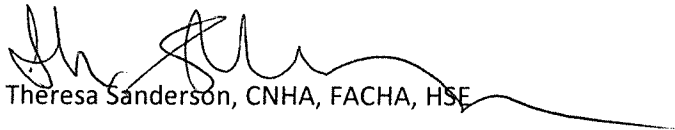
much of their time performing administrative tasks, spend a great deal of time pitching in to help. They do wound care, assist charge nurses with medications, answer call lights and perform ADL's for residents. Even I answer call lights and pass meal trays. All staff who work in nursing homes contribute towards caring for the residents, not just nurses and certified nursing aides.

In summary, I am fortunate enough to have a long history in the business and work for a quality skilled nursing facility. My analysis of the current staffing crisis is:

- Nursing homes Medicare/Medicaid rates must be high enough allow us to offer nurse salaries competitive with the hospitals and temporary staffing agencies.
- Agencies are taking advantage of the staffing crisis and caps must be placed on their fees.
- Staffing requirements must include nursing administration, therapy staff, social services and recreation in their numbers, at a minimum.

This free-standing, independently owned skilled nursing facility does not have the resources to fund new staff, even if they were available to hire. An unfunded staffing mandate is unreasonable.

Sincerely,

A handwritten signature in black ink, appearing to read 'Theresa Sanderson', followed by a long horizontal flourish line.

Theresa Sanderson, CNHA, FACHA, HSE

Administrator